

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The disputed dates of service 6-3-03 to 6-9-03 are untimely and ineligible for review per TWCC Rule 133.308 (e)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. This dispute was received on 6-10-04.

The IRO reviewed office visits, therapeutic exercises, massage therapy, paraffin bath, joint mobilization, muscle energy technique, and ultrasound on 6-16-03 to 7-11-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO agreed that the office visits, joint mobilization, paraffin bath, two units of therapeutic exercises, ultrasound, and the muscle energy technique on 6-16-03, 6-20-03, 6-27-03, 6-30-03, and 7-11-03 were medically necessary. The IRO agreed with the previous determination that the massage therapy on 6-16-03, 6-20-03, 6-27-03, and 6-30-03, one unit of therapeutic exercises on 6-16-03 and 6-27-03, and the office visit; therapeutic exercises, massage therapy, joint mobilization, and muscle energy technique on 6-18-03 were not medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 10-12-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 99080-73 was billed on 7-11-03 and denied as unnecessary medical with a peer review. The TWCC-73 is a required report and is not submit to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommends reimbursement of \$15.00.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);
- Plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 6-3-03 through 7-11-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 1st day of November 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 11/5/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3455-01
Name of Patient:	
Name of URA/Payer:	Chirotech, Inc.
Name of Provider:	Chirotech, Inc.
(ER, Hospital, or Other Facility)	
Name of Physician:	Mathew Jernigan, DC
(Treating or Requesting)	

July 29, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Patient is a 57-year-old female assembly line worker who, on ____, sustained a crush-laceration injury when a large press fell onto her right hand and wrist. She was initially treated by a medical doctor who ordered physical therapy, but when conservative treatments failed, he performed the first surgery on 02/03/03. On 03/28/03, she apparently changed treating doctors and began treatment with a doctor of chiropractic who continued physical therapy, but the patient underwent a second surgery on 05/20/03. Aggressive post-operative physical therapy was again ordered by the surgeon and provided by the doctor of chiropractic. Although the patient experienced some improvement, she eventually underwent a third surgery on 09/17/03.

REQUESTED SERVICE(S)

Office visits (99212 and 99213), therapeutic exercises (97110), manual massage therapy (97124), paraffin baths (97018), joint mobilization (97265), muscle energy technique (97139-ME), and ultrasound (97035) for dates of service 06/13/03 through 07/11/03.

DECISION

The office visits (both 99213 and 99212), the joint mobilization (97265), the paraffin baths (97018), only two units of therapeutic exercises (97110), the ultrasound therapy (97035), and the muscle energy technique therapies (97139-ME) for dates of service 06/16/03, 06/20/03, 06/27/03, 06/30/03 and 07/11/03 are approved.

All remaining services and procedures within the time frame in dispute are denied.

RATIONALE/BASIS FOR DECISION

Date of service 06/18/03 was denied in its entirety as no medical records whatsoever for this date were submitted for review. Therefore, medical necessity cannot be determined.

Both the diagnosis as well as the medical records adequately supported the medical necessity for level II office visits (99212) in terms of providing regular patient monitoring, the paraffin baths (97018) to promote healing and increase circulation, the muscle energy techniques (97139-ME) to reduce adhesions, the joint mobilization (97265) to increase range of motion, the ultrasound treatments (97035) to decrease swelling, and the therapeutic exercises (97110) for approximately 30 minutes (2 units) to

strengthen and increase range of motion. However, since the physiological effects would be duplicative with exercise, paraffin and/or muscle energy techniques, the medical necessity of manual massage on the same date of service was not supported. Further, upon review of the documentation submitted, therapeutic exercise was only performed for 30 minutes during the dates of service in question, so the medical necessity of units in excess of 2 was also not supported.